

**Medi-Cal Redesign**  
**Fiscal Impact for First Five Years -- Local Assistance**  
(\$ in Thousands)

	2004-05		2005-06		2006-07		2007-08		2008-09		Net Impact - 5 Years	
	Total	GF	Total	GF	Total	GF	Total	GF	Total	GF	Total	GF
Managed Care Expansion 1/	\$ (181)	\$ (181)	\$ 300	\$ 150	\$ 73,671	\$ 36,836	\$ 102,781	\$ 51,391	\$ (177,498)	\$ (88,749)	\$ (927)	\$ (554)
Restructure Hospital Financing 2/	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Dental Benefit Modification 3/	\$ -	\$ -	\$ (48,203)	\$ (24,602)	\$ (50,767)	\$ (25,384)	\$ (50,767)	\$ (25,384)	\$ (50,767)	\$ (25,384)	\$ (200,504)	\$ (100,754)
Financial Participation 4/	\$ -	\$ -	\$ 12,394	\$ 6,197	\$ (11,106)	\$ (5,553)	\$ (45,399)	\$ (22,700)	\$ (45,399)	\$ (22,700)	\$ (89,510)	\$ (44,755)
Improved Eligibility Processing for Children 5/	\$ -	\$ -	\$ (1,242)	\$ (1,196)	\$ (15,916)	\$ (9,269)	\$ (15,916)	\$ (9,269)	\$ (15,916)	\$ (9,269)	\$ (48,990)	\$ (29,003)
County Performance Monitoring Standards 6/	\$ -	\$ -	\$ 600	\$ 300 7/	\$ 2,400	\$ 1,200	\$ 2,400	\$ 1,200	\$ 2,400	\$ 1,200	\$ 7,800	\$ 3,900
<b>Total</b>	<b>\$ (181)</b>	<b>\$ (181)</b>	<b>\$ (36,151)</b>	<b>\$ (19,151)</b>	<b>\$ (1,718)</b>	<b>\$ (2,171)</b>	<b>\$ (6,901)</b>	<b>\$ (4,762)</b>	<b>\$ (287,180)</b>	<b>\$ (144,902)</b>	<b>\$ (332,131)</b>	<b>\$ (171,166)</b>

1/ Expands managed care to families and children in 13 additional counties; seniors and persons with disabilities in 27 counties; and long-term care integration in 3 counties.

2/ New five-year hospital financing federal waiver to use local funds and unmatched state funds for indigent care services; preserve hospital financing for the uninsured whether Medi-Cal patients are served through fee-for-service or managed care; and create opportunities for increased federal reimbursement.

3/ Aligns benefits for adults with private sector employer-based or public plans, by limiting dental services to \$1,000 per year.

4/ Implements monthly premiums for persons with incomes above the poverty level or the SSI/SSP level. \$4 for children, \$10 for adults, with cap of \$27 per family. Assumes 5% reduction in non-institutional health services costs for beneficiaries who pay premiums.

5/ Allows initial Medi-Cal eligibility applications for children received through the Single Point of Entry (SPE) to be processed by the SPE instead of being forwarded to the county for processing. State staff will complete final certifications of the eligibility determinations.

6/ Monitoring by a contractor to verify county performance standards relative to initial eligibility determinations and annual redeterminations in accordance with federal and state statutory requirements.

7/ To be added in May 2005 Estimate.